

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046596

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3609 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Length of stay in lb Life	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) St. Louis Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1050 Jackson
3. NAME OF DECEASED (Type or print) Richard Nelson Smith		4. DATE OF DEATH November 23, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/15/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (last birthday) 79
13a. FATHER'S NAME Ralph Smith		13b. MOTHER'S MAIDEN NAME Anna Mary White	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs Richard N. Smith 1050 Jackson Ave	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Immed	
DUE TO (b) arteriosclerotic Ht. Disease		20 yrs	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour s.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 6 June 1963 to 23 Nov 63 and last saw him alive on 23 Nov 1963 Death occurred at 8:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Deselman M.D.</i>		22b. ADDRESS 52 Maryland Plaza	22c. DATE SIGNED 15 Nov 63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/26/63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	28d. LOCATION (City, town, or county) St. Louis County, Missouri
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. 11-26-63	26. REGISTRAR'S SIGNATURE <i>John B. Mumfley M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

